



# INDIANA STATE POLICE 2011 CAMP APPLICATION

(Administered by the Indiana Troopers Youth Services)

---Print Clearly in INK---



Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Street and Number, PO Box, etc. City State Zip

Adult Shirt Size (please circle one): S M L XL XXL Male \_\_\_\_\_ Female \_\_\_\_\_ Home Phone # (w/ area code) \_\_\_\_\_

Email Address \_\_\_\_\_

**\*\*\*\*\*Campers Medical Information MUST be Completed\*\*\*\*\***

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_ List all medical conditions: \_\_\_\_\_

Medications (Name/Dosage/Time) \_\_\_\_\_

## Check the Camp You Will be Attending (All camps are co-ed)



### Career Camps (Grades 9-12) ..... \$225

- \_\_\_ #1 Vincennes University July 10-15  
 \_\_\_ #2 Trine University July 10-15



### Lions Law Camp (Grades 7-8) ..... \$140

- \_\_\_ #3 Vincennes University June 15-18  
 \_\_\_ #4 Anderson University July 6-9



### Respect for Law Camps (Grades 5-6) ..... \$125

- \_\_\_ #5 Vincennes University June 9-11  
 \_\_\_ #6 Univ. of Southern Indiana June 16-18  
 \_\_\_ #7 Hanover College June 23-25  
 \_\_\_ #8 Anderson University July 7-9  
 \_\_\_ #9 Notre Dame University July 14-16

Dear Parent/Guardian: If your camper has a serious injury or illness and we are unable to reach you we need your permission for emergency treatment or surgery as recommended by the physician:

*I give my permission for emergency treatment or surgery if needed and as a parent/guardian I assume all responsibility for any cost as a result of sickness or injury, I also permit the use of my child's likeness in camp promotional publications and release the State of Indiana, the Indiana State Police, and the Indiana Troopers Youth Services from any liability that may arise due to participation.*

Signed (Parent/Guardian) \_\_\_\_\_

Printed Name (Parent/Guardian) \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

2<sup>nd</sup> Phone # \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_

Paid by: \_\_\_\_\_

**Mail to: ITYS, PO Box 687, Angola, IN 46703**  
**Questions? Call 1-800-671-9851**



**Applications must be received 10 days prior to the opening day of camp.**  
 If your check or money order is invalid the application will be returned.